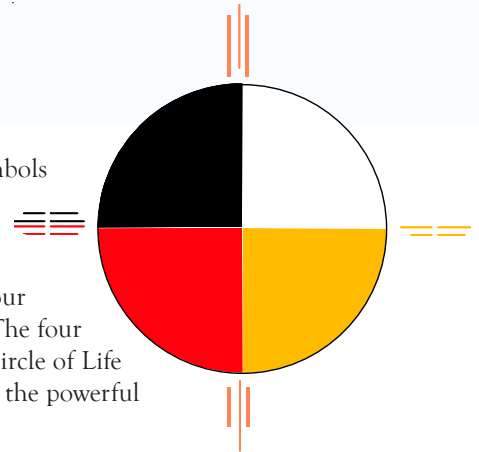


Heritage & Health



THE CIRCLE OF LIFE

The “Circle of Life” or hoop is one of the most meaningful symbols in American Indian life. It symbolizes the continuing circle of life, which includes birth, adolescence, adulthood, elder years, the passing on, and then the rebirth. This concept is an integral part of the symbolism of the Medicine Wheel, which shows the four cardinal directions and the totality of creation that dwells in those regions. The four directions provide a road map for life using traditional Indian beliefs. The Circle of Life symbol is placed on many Indian Health Service documents as a reminder of the powerful link between heritage and health for American Indians and Alaska Natives.



BREAKING THROUGH STEREOTYPES

Millions of Americans know little about the American Indian health care and often rely on erroneous stereotypes. The first year Dr. David Yost was clinical director at the Indian Health Service hospital in Whiteriver, Arizona, he received a package from a medical group practice on the East Coast. Nurses there had arranged for all their diabetic patients to save their used insulin syringes. They put the containers in a giant barrel and shipped them to Whiteriver. “They’re used, but we know you have the worst health care” is what the nurses told Yost. His reply: “These are well-meaning people whose picture of Indian health care was equivalent to some jungle village.”

Breaking through stubbornly persistent stereotypes about Indian people and their unique system of health care is a challenge. It remains an unfortunate fact that American Indians and Alaska Natives continue to lag behind most Americans in health status and access to health care services. But it is also a fact that the community-oriented primary care health approach of the Indian Health Service combined with the investment in community infrastructure, especially by the Tribes themselves, has been remarkably successful in improving the health status of Indian people in recent generations. Since 1973, infant mortality has decreased by 54 percent; maternal mortality by 65 percent. From 1940 to 1990, the life-expectancy gap between American Indians and the general U.S. population narrowed from 13.2 years to 2.9 years. Seeing this success, indigenous populations in countries around the world have begun to use the Indian health care model.

Could a greater miracle take place than for us to look through each other's eyes for a moment?

- Henry David Thoreau



IN HARMONY

Perhaps more than any other aspect of American Indian life, Indian cultural beliefs and traditional Indian medicine arouse the nation's curiosity. Derided as pagan witchcraft by European settlers 200 years ago, co-opted by pop culture into "new age" movement today, and dismissed by scientists as nonsense, traditional American Indian health practices are universally misunderstood and oversimplified.

While beliefs, ceremonies, and rituals differ from Tribe to Tribe around the country, many American Indians share an underlying belief that the natural or correct state of all things is

harmony. The beliefs, traditions, and customs handed down through many generations also play a principal role in individual and collective Indian identity. Native Americans strive for a close integration within the family, clan, and Tribe and to live in harmony with their environment. This occurs simultaneously on physical, mental, and spiritual levels; thus, wellness is a state of harmony and balance between mind, body, spirit, and the environment.

Medical treatment provided to a person within this belief system requires integration of their beliefs with modern medical practice. Finding the solution is often a delicate balancing act. The following story, which appears in the November 1997 issue of The New Physician, illustrates that fine line:

The IHS employs a holistic approach to medical treatment, addressing not only the physiological needs of the patient, but also social, spiritual, and mental health as well . . . we honor and respect the traditions and cultural practices of Indian people and the Indian communities served by the agency.



Dr. Charles W. Grim
US Medicine
January 2004

A few years ago, Dr. Yost was called to the hospital bedside of an Apache girl meticulously clad in buckskin. The 11 year-old had developed pneumonia while preparing for what was to be the biggest moment of her young life: the Sunrise Dance. Apache tradition dictates that when a girl has her first menstrual cycle, she is to have an intense, four day ceremony in which the whole community participates. The timing couldn't have been worse. In septic shock and on the verge of death, the girl needed to be moved to a city for emergency care. But her grandmother, who oversees preparations for the ritual, stood firm behind her conviction that to miss this rite of passage was the same as death for the girl. Yost was brought in to negotiate with the Tribal chairman. With extended family and hundreds of community members watching, Yost and the Tribal leader decided that the dance would take place on grounds half way between the hospital and the airstrip where an air transport would be waiting on the runway with engines running. The girl could go ahead with the dance, but the minute she passed out, she was to be flown to Phoenix. The grandmother agreed to the compromise.

On an unusually warm September morning, the ambulance darted into a circle of about 1,000 people at the dance grounds, and the girl was rolled out on a stretcher. "I thought to myself, 'She'll last four minutes,'" Yost says. Amazingly, the girl stayed conscious and was able to finish the first half of her dance. After a rest stop at the hospital, where she was given penicillin by Yost and prayed over by her grandmother, she returned to the dance grounds in the afternoon. Once again, with IV and catheter dangling, the girl danced for a while and then went back to the hospital to rest before the evening portion of the ceremony—the most spectacular and important part. That night, with a bonfire blazing and hundreds of people participating in ritual dress, the girl got up, pulled out her IVs and danced for two hours. She spent the night at the hospital and walked out the next morning feeling absolutely fine. "What was it? Our penicillin? The ceremony?" Yost asks. "I see the grandmother every once in a while, and she just smiles..."



This powerful image captures a most sacred event in this girl's life—the four-day coming-of-age ceremony called the sunrise dance. On the last day, a young man dips an eagle feather and a spray of sage in a basket filled with clay and water. He covers the kneeling initiate with this earth paint, to give her the power of the earth, to keep her strong through a long life. With this clay, she also acquires the power of Changing Woman, the first Apache—a holy person, indeed. This is a deeply spiritual moment.

Text & photo copyright © by Stephen Trimble

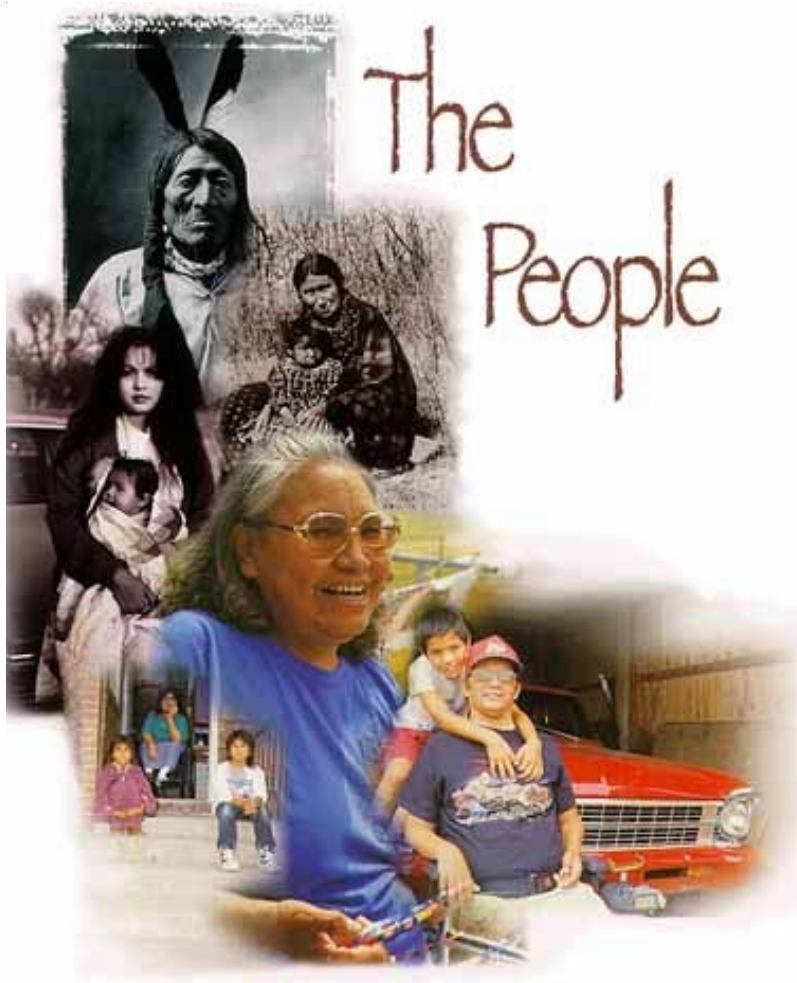


THE FIRST AMERICANS AND THEIR LANDS

Before Europeans arrived in North America, more than 10 million original inhabitants—now known as American Indians and Alaska Natives—once lived and flourished throughout what is now the

United States. Indian lands included a vast stretch of forest, plains, and mountains extending from the Atlantic to the Pacific Ocean and from the Arctic Circle to the tip of South America. Exposure to disease, ecological changes, dislocation from native habitat, and warfare took a devastating toll on the Indian population. Despite all odds, American Indians and Alaska Natives have survived.

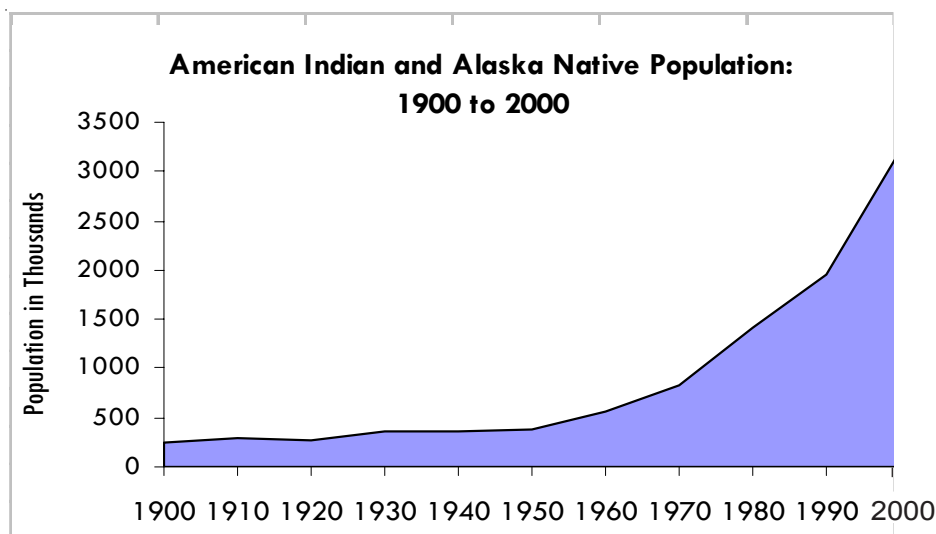
By 1900, millions of Indian people were reduced to only 237,000 as counted in the Census. In contrast to the first half of the 20th century, the American Indian population grew rapidly after 1950. This period corresponds to the ending of government sponsored assimilation and relocation policies, reasserted Tribal governments, rising pride in native culture and traditions, provision of safe water and sewer facilities on remote reservations, and expanded access to primary health care services.



According to the 2000 Census, there are 3.2 million American Indians and Alaska Natives. The median age of American Indians is 27.8 years, considerably younger than the U.S. median age of 36 years. The American Indian and Alaska Native population has grown more rapidly than the nation's population as a whole during the last decade, 17.9 percent versus 10.7 percent.

Education levels and poverty strongly affect health status. Approximately 20 percent of American Indians and Alaska Natives are living below the poverty level. They had a median household income of \$34,740, based on a three-year average (2001-2003). Fifty percent of American Indian families maintained by females with no husband present were in poverty. More than 25 percent of Indians over the age of 25 have not graduated from high school.

Today there are more than 560 federally recognized Tribes and Alaska Native villages. Each has a unique history and aboriginal territory. The diversity of Tribal cultures, traditions, and languages is enormous. The long and proud heritage of Tribes continues in many traditional foods, medicines, and names all Americans use. In remaining Indian lands, many Indians still hunt, fish, and gather from the land, rivers and seas much as they have for thousands of years. Today, Indian people still maintain Tribal traditions and languages while striving to adapt new technologies to address their needs.



This collage of images captures something of the diversity of locations and environments where American Indians and Alaska Natives live.



HONORING TREATIES

The U.S. government has been providing health services to Native Americans since the early 1800s when Army physicians began treating smallpox and other contagious diseases of Tribes living near military posts. In the 1830s, the government began promising medical services as partial payment for rights and property ceded to the United States. It is on the basis of these promises and treaties that the Congress, in the 1921 Snyder Act, authorized regular, continuing appropriations of funds for Indian health care and created a health division within the Bureau of Indian Affairs. In 1954, Congress renamed the BIA's health division the Indian Health Service and moved it to what is now the Department of Health and Human Services. Today, the Indian health care system is a complex operation serving 1.8 million Indians in more than 560 Tribes in 35 states.

Tribal leaders say that it is important to understand that today's federal health programs for Indians are not just a matter of policy, but of obligations under treaties the federal government signed with Tribes in the 19th century.



HEALTH CARE WITH UNIQUE CHARACTER

If people give much thought to the Indian health care system, most would probably lump it with rural medicine. And indeed, the American Indian health care system is akin to rural medicine—but some intriguing attributes give it qualities and a flair all its own. Budget constraints, a structure that promotes teamwork among doctors and other health care staff, an unwavering commitment to community-based primary care, geographic isolation, cultural and language diversity, the interaction with traditional Indian health practices and beliefs, and the tragic nature of diseases suffered by Indians have shaped the face of the Indian health care system from the beginning.

The typical discourse on American health care is framed by debates over managed care restrictions, patients' rights, coverage for the uninsured, skyrocketing costs of new technology and drugs, and fierce competition and rivalries in the market place. While the Indian health care system is not immune to these pressures, its fundamental character is shaped by a focus on the welfare of American Indian and Alaska Native communities rather than on the financial bottom line. This big picture focus is clearly illustrated by a mission statement that is framed in terms of health rather than economics.

The mission of the Indian Health Service, in partnership with American Indians and Alaska Natives, is to raise their physical, mental, social, and spiritual health to the highest possible level.



Mission—Improve Health

The special character of the Indian health system arises from a combination of its unique constituents, the aboriginal inhabitants of America, the historic obligation of the U.S. Government to Tribes based on treaties, and a big picture approach shaped by Indian values of family, clan, community, Tribe, and harmony with the environment. In addition, the program is unique in its team-oriented focus on community-based primary care and recognition of economic development, housing, and education as important factors in improving the health of Indian people. In a population crippled by such diseases as alcoholism, diabetes, and unintentional injuries, grass-roots prevention in local Indian communities becomes the quiet lifesaver.



CHANGING DISEASES AND TROUBLING DISPARITIES

The health status of Indian people has improved steadily since 1955. The improvement was mainly due to increased access to health services and public health measures that decreased morbidity and mortality from infectious disease. Unfortunately, health gains among Indians have slowed or ceased altogether in recent years as disease patterns have changed. Injuries, chronic diseases, and behavior-related diseases have emerged as new challenges.



The new disease patterns are associated with consequences from poverty and cultural dislocation. Inadequate education, high rates of unemployment, and discrimination all contribute to unhealthy lifestyles and disparities in access to health care. Illness and death rate disparities for American Indians and Alaska

Natives have emerged for alcoholism, diabetes, tuberculosis, heart disease, unintentional injury, homicide, suicide, pneumonia, influenza and disabilities.

In view of the health disparities, the national goal to eliminate racial and ethnic disparities in health is especially important to Indian people. The IHS is assisting Tribes to develop local approaches to their health issues. Addressing today's health problems cannot be expected to yield quick results. The most serious health problems are long-term issues interrelated with social-economic conditions in Indian communities and the limited resources available to the Indian health system.

Disproportionately high mortality rates among Indians and a large gap in health care resources is troubling to Tribal leaders -- especially in view of the national goals to eliminate racial and ethnic health disparities and the government's unique obligations to the first Americans. Tribal leaders cite diabetes, unintentional injuries, and alcoholism and substance abuse in crisis proportions in Indian communities. They say Indian health care funding is woefully inadequate considering the enormous needs—a claim consistent with a actuarial study that found funding for personal medical services to Indians at 60 percent of costs of the Federal Employees Health Benefit Plan.

The Indian health care system continues to face formidable challenges in the decade ahead. Despite the collaborative relationships and partnerships that have been established, current resources will not meet the needs of a population that is increasing by 2% each year. Prevention and treatment of chronic health problems requires long-term interventions that may not show measurable results for many years. The IHS funding level in fiscal year 2004 was approximately \$3 billion (\$2,070 per person), plus approximately \$500 million of collections from Medicare, Medicaid, and private insurance plans. This translates to less than 60% of comparable costs in mainstream health insurance plans. Tribal leaders are concerned about funding deficiencies and have independently set budget goals of \$8 billion for annual services and \$7 billion to upgrade Indian health care facilities to modern standards.



UNIVERSAL ELIGIBILITY—LIMITED AVAILABILITY

The Indian health care system is intended to provide comprehensive health care services to all members of federally recognized Tribes who need them, but the extent of resources and services varies place to place. Eligible Indians may receive preventive, primary medical (hospital and ambulatory care), and rehabilitative services. Secondary medical care, highly specialized medical services, and rehabilitative care services are provided by network staff or under contract. In addition, dental services, nutrition services, community health, sanitation

facilities (water supply and waste disposal), injury prevention, and institutional environmental services are provided.

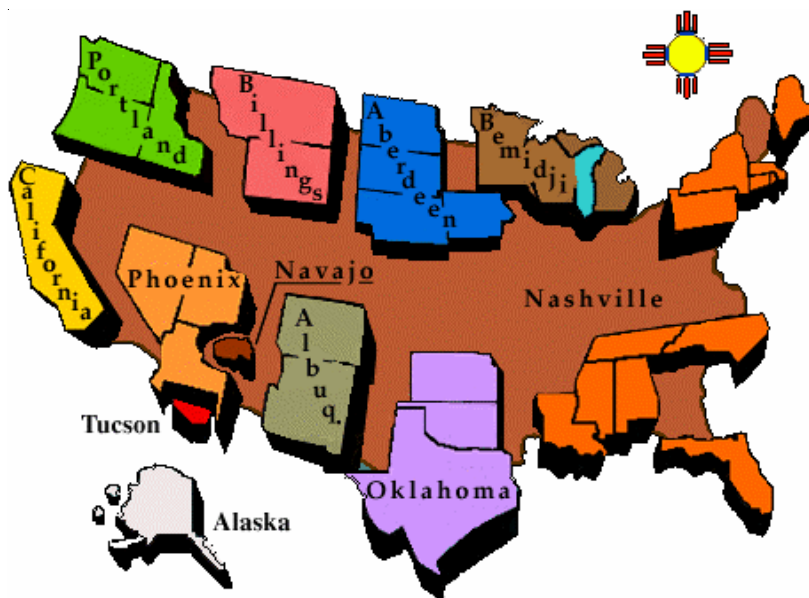
However, the benefits are not guaranteed entitlements, such as under Medicare and Medicaid programs, nor are Indian individuals assured medically necessary services as in health insurance plans. Theoretically, all members of federally recognized Tribes are eligible for government-funded health care, but Indian leaders often describe the care that Indians get as “universal, but rationed” because life-threatening situations get first priority, and if money is exhausted before the end of the year, patients with lesser problems find their medical care postponed or simply never carried out.



INDIAN HEALTH CARE SITES IN 35 STATES

The Indian health system is the primary source of health services for 44 percent of the estimated 3.2 million Indian people identified in the year 2000 U.S. Census. The majority of Indian people served live on or near reservations in some of the most remote and poverty stricken areas of the country where other sources of health care are less available. For many, the IHS is the only source of care. Urban Indian health programs provide limited services to more than 75,000 out of 600,000 Indians living in 34 urban areas.

The IHS is organized as 12 “area offices” which are located throughout the United States. Within these 12 regions are over 600 health care delivery facilities, including 49 hospitals, 247 health centers and 339 health stations, satellite clinics, and Alaska village clinics operated by the IHS and Tribes. The agency’s 15,000 employees include approximately 900 physicians, 300 dentists, 2,700 nurses, 600 pharmacists, and 500 engineers and sanitarians.



IHS is organized as 12 Areas operating over 600 facilities located in 35 States



Community Water Supply Project

Improving access has also meant constructing health care facilities on remote reservations. Many Indian communities are located in isolated areas where inhospitable climate, impassable roads, and populations spread over many miles create major challenges. Often, the IHS is the only source of health care. While some Indian communities have modern IHS hospitals and ambulatory facilities, the average age of IHS facilities is 32 years. Over one-third need replacement to increase clinic space and many need substantial modernization. It is difficult to properly support current medical practices in older facilities that were built before the modern emphasis on ambulatory care.

Another unique characteristic of the IHS is the responsibility to provide water supply and waste disposal—forms of municipal infrastructure that are virtually nonexistent in remote areas of Indian country. The partnership of Tribes and IHS has supplied clean water and waste disposal to more than 230,000 (92%) Indian homes. It is a remarkable disease prevention success story that the death rate from gastrointestinal disease among Indians has declined by 91% as a result of installing basic sanitation facilities and improved access to primary health care. However, approximately 12 percent of Indian homes still lack safe water in the home compared to 1 percent for the general population.



Rosebud Health Facility in the Great Plains of South Dakota



SOVEREIGN NATIONS AND SELF-DETERMINATION

Sovereignty gives Tribes a self-governing status. Self-Determination and Self-Governance have important meaning to Tribes and affect how their health services are delivered. Public Law 93-638, the Indian Self-Determination and Education Assistance Act, provides that Tribes can redesign their health programs if they choose to compact and/or contract. The IHS transfers resources to Tribes so that they can manage their own health programs if they decide to do so. Almost 52 percent of the Agency's \$3 billion budget is transferred to Tribes.

The progress that Tribes have achieved with their health care systems and the pride they feel are movingly illustrated in this excerpt from an Indian Health Conference:

Yesterday, I had a chance to attend several Tribal meetings. I was greatly moved sitting in a meeting with the Native corporations of Alaska. They presented a video of what they are doing with their health care programs and the Alaska Native Medical Center, which was transferred from the Indian Health Service to the Native corporations just about a year ago. Who would have thought 50 years ago, when there were no Alaska Native corporations, that the Alaska Natives would now be managing



Alaska Native Medical Center, Anchorage, Alaska

and administering a health care system and delivering health care to their own people? Who would have dreamed that 100 years ago? Just 150 years ago, some of our people were still prisoners of the Federal Government. Many Tribes that existed then no longer exist. They are gone. Their language is gone, their culture is gone, and their people are gone. So I was sitting there yesterday, realizing how close we came to having nothing, and I was deeply moved to see the tremendous example of achievement and survival by the Alaska people. What Alaska Natives have done is an example of what you can do. It is an example of what the future can be for American Indian and Alaska Native people nationwide. You and others have so much to contribute, and I believe that you will continue to do that.



**FACT SHEETS ON VARIOUS IHS HEALTH
PROGRAMS AND HEALTH ISSUES AFFECTING
AMERICAN INDIANS AND ALASKA NATIVES
ARE AVAILABLE AT:**

[HTTP://INFO.IHS.GOV](http://info.ihs.gov)

Additional Information:

For referral to the appropriate spokesperson,
contact the IHS Public Affairs Staff at 301-443-3593.



Acknowledgements:

Portions of this report are taken from:
"When Worlds Collide," The New Physician/November 1997;
"We the First Americans," Bureau of the Census/September
1993; and
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1994.